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CONFIRMATION NO. 3618

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APPLICANTS Laurence M. Shanley, Miami, FL;				
** CONTINUING DATA ***** none <i>Lab</i>				
** FOREIGN APPLICATIONS ***** none <i>Lab</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/03/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 10
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
ADDRESS 24131				
TITLE Needle cap assembly for syringe				
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	